



LAWRENCE COUNTY HEALTH DEPARTMENT

2122 So. 8th Street
Ironton, OH 45638
740-532-3962



Date Submitted: _____

2025 SEWAGE SYSTEM SITE REVIEW APPLICATION

Site Address: _____

City: _____ Zip Code: _____

Parcel (required): _____

Owner/Applicant Name: _____

Current Mailing Address: _____

Phone Number: __ (____) _____ - _____

Directions to Site:

PERMIT WILL BE ISSUED FOR: ☐ NEW ☐ EXISTING

Is the property in the 100-year floodplain or a floodway?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the property been stripped or surface mined?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will there be a basement with a bath and/or laundry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of bedrooms and acres.	Bedrooms: _____ Acres: _____

Please submit this form along with the following to complete step one:

- **\$375.00 fee,**
- **A copy of your plat map, deed, and property description.**

These documents must include information such as any recorded easements, length and location of lot lines. Plat maps can be obtained at the auditor's office. Please allow up to 15 days before an appointment will be scheduled to meet you, or your representative, at the property to conduct the site review. You will need to arrange to have the means to provide test pits with the dimensions of 3'ft wide x 3'ft long x 5'ft depth during the site review. Lot lines must be clear, or they will need to be flagged. An address is required before permits can be issued.



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AGREEMENT: PLEASE READ BEFORE SIGNING.

- I, the owner or owner's legal representative, agree to allow representatives of the Lawrence County Health Department (LCHD) access to the described parcel to perform necessary soil tests. **I understand that this is not a permit and in no way guarantees that a septic can be installed on this property.** I also understand that I will be required to obtain a permit before construction of the septic system may begin. The permit will not be valid until issued. I further agree to install, operate, and maintain the sewage treatment system in accordance with the Ohio Administrative Code (OAC) and the LCHD regulations.
- I, the owner or owner's legal representative, agree to contact the LCHD for final inspection of the sewage treatment system at least 24 hours prior to backfilling and **will not occupy the property until approval is granted.** The LCHD assumes no responsibility for the efficient functioning of any private sewage system. Proper maintenance is essential.
- **I, the owner or owner's legal representative, understand that if any information submitted on this form is inaccurate, the permit will not be issued, or, if it has been issued, it will then be considered void.** I am responsible for ensuring all utility lines are marked prior to any excavation. I also understand that excavating any area deems that area unusable for septic according to the OAC 3718.02 (A)(6) requires a Board of Health to inspect a sewage treatment system not later than 12 months after its installation to ensure that the system is operating properly. The rules require a board of health, no later than 60 days after the inspection, to certify to the director on a form provided by the director that the inspection was performed. Therefore, I understand the LCHD performs a follow-up inspection on all new system installations 12-18 months after the system is completed to evaluate system performance and provide homeowner education.

Owner/Applicant's Name: _____

Owner/Applicant's Signature: _____ Date: _____

LCHD OFFICE USE ONLY	
Fee: \$375.00	Date:
Receipt #:	Initials:



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After the site review is completed, the sanitarian will notify you of the minimum requirement once the following is completed:

- The site area has been inspected and approved.
- Design plan of STS and/or incremental replacement plan has been submitted and approved.
- Lawrence County Plat Map of site has been submitted, and/or deed and property description, if required.
- Area stakes and roped off for sewage system installation.
- A copy of the legally recorded easement is submitted, if required.
- A variance from the Board of Health, if required.
- NPDES permit submitted, if required.
- Soil evaluation has been received or conducted by a LCHD Sanitarian.
- System reviewed with homeowner(s).

NOTE: The area designated for sewage system installation must be protected from construction traffic, storage of minerals, encroachment of any kind, or other potential damage.

Lawrence County agencies involved in the process:

Lawrence County Auditor's Office: (740) 533-4310

- Parcel Number
- Plat Map

Lawrence County Recorder's Office: (740) 533-4314

- Property Deed
- Property Description

Ohio Utilities Protection Service "Call before you dig!": (800)-362-2764



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TO BE COMPLETED BY THE LAWRENCE COUNTY HEALTH DEPARTMENT

The following items must be submitted, reviewed, and approved by this office to obtain a septic system operation permit.

Initials	Date	Items
		The site area has been inspected and approved.
		The design plan of STS and/or incremental replacement plan has been submitted and approved.
		Lawrence County Plat Map of site has been submitted and/or deed and property description, if required.
		The area was staked and roped off for sewage system installation.
		A copy of the legally recorded easement is submitted, if required.
		A variance from the Board of Health is approved, if required.
		NPDES permit submitted, if required. Permit Number:
		Soil evaluation has been received.
		System reviewed with the homeowner(s).

☐ New

☐ Replacement

☐ Alteration

☐ NPDES

Comments/Limitations:

Approved By: _____

Signature: _____ Date: _____

Expiration Date: _____



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Site Plan must be current and show all property lines and planes.

SITE ADDRESS: _____ **CITY:** _____ **ZIP:** _____
TOWNSHIP: _____ **PARCEL:** _____ **ACRES:** _____

A large rectangular area filled with a fine grid pattern, intended for drawing a site plan.

I certify that the above information is accurate to the best of my knowledge. The site plan is based on actual measurements/ conditions on the site.

I am the ☐ Owner ☐ Authorized Agent

Name: _____ Signature: _____ Date: _____